



# Health Services LOS ANGELES COUNTY

November 16, 2011

## Los Angeles County Board of Supervisors

**Gloria Molina**  
First District

**Mark Ridley-Thomas**  
Second District

**Zev Yaroslavsky**  
Third District

**Don Knabe**  
Fourth District

**Michael D. Antonovich**  
Fifth District

TO: Supervisor Michael D. Antonovich, Mayor  
Supervisor Gloria Molina  
Supervisor Mark Ridley-Thomas  
Supervisor Zev Yaroslavsky  
Supervisor Don Knabe

FROM: *fw* Mitchell H. Katz, M.D.  
Director

SUBJECT: **STATUS REPORT ON THE IMPLEMENTATION OF THE  
1115 MEDICAID WAIVER**

On November 16, 2010, your Board directed the Chief Executive Officer (CEO), the Interim Director of the Department of Health Services (DHS), and the Directors of Mental Health (DMH) and Public Health (DPH) to report back to the Board within 30 days and monthly thereafter on a proposed plan to implement the Medicaid Waiver (Waiver). On December 7, 2010, your Board directed the CEO and the Directors of DHS and DMH to work with the Association of Community Human Service Agencies and the Community Clinic Association to report back to the Board within 60 days on a timeline and process to identify program sites to pilot the concept of patient-centered behavioral health care homes. This is the latest monthly report in response to these motions.

### HEALTHY WAY LA – LOW INCOME HEALTH PROGRAM (LIHP)

**Network Update:** On June 14, 2011, your Board approved the new HWLA agreements with Community Partners (CP) covering HWLA Matched and Unmatched Services. This new agreement replaced the previous Public Private Partner, HWLA and SB 474 contracts. On September 20, 2011, your Board delegated authority to DHS to execute amendments to existing HWLA-Matched agreements and to offer new HWLA-Matched agreements, to accommodate the transition of current Ryan White Care Act program clients to HWLA. We received signed contract amendments from most Ryan White providers and CPs and will synchronize our transition process with the State and DPH.

**Enrollment Update:** Prior to the start of the new HWLA program on July 1, 2011, there were 62,052 active HWLA members. The overall rate of enrollment into HWLA continues at quadruple the previous rate due to the success of the Operation Full Enrollment campaign. DHS will extend Operation Full Enrollment through the end of the year. DHS is confident the operations put in place during that time frame will continue, regardless of whether there is an official campaign. From July 1<sup>st</sup> through November 6<sup>th</sup> of this year over 100,000 patient contacts were made, and over 37,000 patients were enrolled by DHS, DMH and CPs.

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*To ensure access to high-quality, patient-centered, cost-effective health care to Los Angeles County residents through direct services at DHS facilities and through collaboration with community and university partners.*

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**Programmatic Update:** DHS has regular communication with stakeholders to troubleshoot issues, averaging 50-60 participants during our weekly calls and working closely with CPs to improve processes such as claims and enrollment. The website ([www.ladhs.org/hwla](http://www.ladhs.org/hwla)) continues to be updated with content for providers and staff as well as for patients and the general public. The success of the program outreach can also be measured by the number of visits to the site, which increased from a few hundred earlier in the year to over 9,000 last month.

## **ENROLLMENT OF SENIORS AND PERSONS WITH DISABILITIES (SPDs) IN DHS**

In the first five months of SPD enrollment (June 1 to November 1, 2011), the net SPD L.A. Care enrollees assigned to DHS primary care providers was 15,969 (53% of our enrollment target of 30,000). The original intent in enrollment planning between DHS and L.A. Care was to enroll SPD patients that have previously received care from DHS, but the majority of the SPD patients enrolled in DHS are new. In order to meet the service needs for the SPD patients, DHS and L.A. Care staff are meeting regularly and working collaboratively to improve our care coordination and care transition processes.

## **IMPROVING PRIMARY CARE AND SPECIALIST ACCESS**

As we transform our system to meet health care reform requirements and enrollment of SPD patients, improving specialty care access is critical. For the last 6 months, DHS staff identified patients seen in DHS specialty care and urgent care clinics, as well as DHS Emergency Rooms, who did not have a primary care provider. Patients identified in this process are those who no longer need specialty care or who could be more effectively co-managed by the primary care provider and specialist. In collaboration with our Community Partners, who provided DHS with over 23,000 appointment slots, DHS identified and linked approximately 22,000 patients to Community Partners. We are working with the CPs to determine the final number of patients that actually scheduled and kept primary care appointments with the CPs for the first quarter.

## **DELIVERY SYSTEM REFORM INCENTIVE POOL (DSRIP)**

DHS will provide the next update on DSRIP by December 16, 2011.

## **NEXT STEPS**

The next status report to your Board is targeted for December 16, 2011. If you have any questions, please contact me or Dr. Alexander Li, Ambulatory Care Chief Executive Officer, at 213-240-8344.

MHK:sr

c: Chief Executive Office  
Executive Office, Board of Supervisors  
County Counsel  
Department of Mental Health  
Department of Public Health